

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Special Victims

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** SV09101622 **DATE OF SITE VIST:** 8/16/10
2. **GRANT PERIOD:** 10/1/09 – 9/30/10
3. **RECIPIENT/IMPLEMENTING AGENCY:**
Community United Against Violence
4. **PROJECT DIRECTOR:**
Carolina Morales

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Carolina Morales</u>	<u>Project Director</u>	<u>CUAV</u>
<u>Pablo Espinoza</u>	<u>Financial Officer</u>	<u>CUAV</u>
<u>Stacy Umezu</u>	<u>Programmatic Responsibility</u>	<u>CUAV</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Signature of Program Specialist

Date

Signature of Section Chief

Date

Signature of Project Representative

Date

A. ADMINISTRATIVE REVIEW

YES NO N/A**• OPERATIONAL DOCUMENTS**

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

• FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required CBO bonding? [*R.H. Section 2161*] Does not apply to state, city, or county units of government.
- Does the bond show:
 - Bonding company name
 - Bond number
 - Description of coverage
 - Amount of coverage (50% of allocation)
 - Bond period
 - Grant award number
 - Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?
 - Is Cal EMA named on the bond as the beneficiary?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Need form updated with grant award # and Form B forgery Coverage

• ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- a.** Does the project have their CEQA documentation on file?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

• PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

A. ADMINISTRATIVE REVIEW (Continued)

YES NO N/A

• **ORGANIZATIONAL CHART**

- Review the organizational chart. Are all budgeted positions identified?

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Comments: _____

• **Cal EMA MODIFICATION (Cal EMA 2-223)**

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments: _____

• **PERSONNEL POLICIES**

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

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☒ ☐ ☐
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Comments: Staff receives a copy and the policy is available online

SECTION I. ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Do the personnel files include:			
Staff note: Complete a sample review of a personnel file			
• Job application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Resume	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Salary rates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current job duties/descriptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other terms of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project have a current Drug Free Workplace policy statement on file signed by the employee (R.H. Section 2152)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Did the Board approve the agency's existing personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Advised Pablo to include a signed copy of a Drug Free Workplace Policy in the personnel file.

1. FUNCTIONAL TIMESHEETS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Volunteer time sheets are kept on a calendar advise that time sheets are signed by the staff and supervisor.

2. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Name of individual who approves purchases.
<u>Pablo Espinoza</u> | | | |
| ○ Name of individual who writes checks.
<u>Miladys Padilla</u> | | | |
| ○ Name of individual(s) who signs checks.
<u>Stacy Umezu</u>
<u>Tamara Costa</u> | | | |

Comments: _____

SECTION I. - ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

YES NO N/A

3. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

4. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

5. MATCH REQUIREMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Match is meet from San Francisco District Attorney

6. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: _____

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

GENERAL**YES NO N/A****1. PROGRAM GOALS AND OBJECTIVES**

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Contemplating on moving money around in Operating Expense

2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Doing alright. A lot of counseling and giving a lot of support and emotional healing.

3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Microsoft Access

4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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